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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/188,517 03/10/2000
 and claims benefit of 60/188,519 03/10/2000
 and claims benefit of 60/188,484 03/10/2000
 and claims benefit of 60/188,518 03/10/2000
 and claims benefit of 60/188,400 03/10/2000
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 and claims benefit of 60/216,481 07/06/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 04/30/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 0	TOTAL CLAIMS 116	INDEPENDENT CLAIMS 28
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

28523

TITLE

Human ion channels

FILING FEE RECEIVED 6520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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